PR001 25-Apr-11

Preliminary Report of Accident

U.S. Department of Labor

Mine Safety and Health Administration

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1. Accident Type:	2. Accident Classification				3. Date/Time	3. Date/Time of Accident 4. Date/T			Time of Death		5. Fatal Case No
Fatal Injury	atal Injury Fall of Roof or Back					04/15/2011 05:35 PM 04/1			04/15/2011 05:35 PM		4
6. Mine Information :											<u>'</u>
a) Mining Company Name		1) Mine Name				c)	Parent o	f Mining C	ompany	
Hecla Limited	lecla Limited Lucky Friday				Hecla Mining Company						
7. Mine Location : a) City			b) C	c) State	c) State 8. Mine II			D Number: 9. Union:			
Mullan			Shoshone	ID	ID 10			0-00088 YES		YES	
10. Primary Mineral Mined:		1	. Number of	a) Total	b) Underground	c) O	pen Pit/0	Quarry	d) M	ill/Prep Plant	e) Other
Silver Ore		Mi	ne Employees:	270	180			0		41	49
12. Contractor Name:							13. Uni	on		14. Contra	ctor ID Number:
15. Contractor Address:	a) C	ity			b) County			c) Sta	ıte	d) Z	ip Code
16. Number of Contractor E	nployees:	a) Tota	l b)	Underground	c) Op	en Pit/Qua	arry		d) Mill/Pro	ep Plant	e) Other
17. Number of Persons in Mi	ne at Time of A	Accident:			18. Number	of Person	s Unacc	ounted Fo	r:		
a) Mine Employees:	27	b) Conti	ractor Employee	es: 0		mployees:		0		ntractor Emp	olovees: 0
19) Location of Accident							-				20. Mining Height:
X 01-Underground		03-Open	Pit	07-Adva	nce Mining	30-M	ill/Prep	Plant	Oth	er (specify)	Feet Inches
02-Surface at Undergro	und	06-Dred	ge Mining	08-Retre	at Mining	99-0	ffice Fac	ility			
21. Nonfatal Injuries:	22	2. Fatal Injur	ies:								
	0		1	l			_				
23. Victim Information :		a) Name			b) Age						
	La	wrence L.			53						
c) Regular Job Title: Miner		d) Activity at Time of Accident: Wetting down muckpile Wetting down muckpile									
	7 1		Years Wee	oke Dave		Von	rs Weeks	Davs			Years Weeks Days
24. Experience: Years W	eeks Days		1 cars vice	cks Days		1 ear	is meens				rears weeks Days
-	36 4	b) at the m		•	at activity (23d)		3 37	1	d) with	Contractor	Tears Weeks Days
a) Total: 26 3	•			•	at activity (23d)			1	e Telepho	ne No.:	Tears Weeks Days
a) Total: 26	36 4			•	at activity (23d)			1	e Telepho		Tears Weeks Days
a) Total: 26 3	36 4 If Yes, Loc	cation	nine: 8 37	7 1 c)			3 37	1 26. Min	e Telepho (208	ne No.:	Tens weeks buys
a) Total: 26 3 25. Autopsy Performed: NO	If Yes, Loc	cation	ine: 8 37	7 1 c)	e, and status of res	scue and r	3 37	1 26. Min	e Telepho (208	ne No.:	Tens weeks buys
a) Total: 26 3 25. Autopsy Performed: NO 27. Description of Accident (If Yes, Loc	cation	ine: 8 37	7 1 c)	e, and status of res	scue and r	3 37	1 26. Min	e Telepho (208	ne No.:	Tens weeks buys
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a) Total: 26 3 25. Autopsy Performed: NO 27. Description of Accident (The victim was in the 615	If Yes, Loc include equipm 50-15 west st	nent involved tope, wettir	ine: 8 37	on in the mine	e, and status of res	scue and r	3 37	26. Min	e Telepho (208 is):	ne No.:) 744-1751	
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